

Foster Family Home - Corrective Action Report

Provider ID: 1-588999

Home Name: May Ganton, CNA

Review ID: 1-588999-6

94-638 Loaa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/24/2020

Foster Family Home

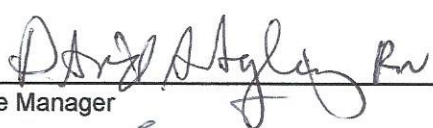
Required Certificate

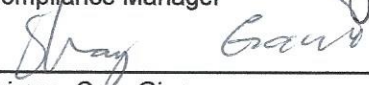
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

2/24/20
Date

2/24/20
Date